

tenuated, but in a normal state. The cardia and pylorus, the duodenum, jejunum, and ilium, were all in a high state of inflammation, the mucous membrane softened, thickened, and smeared with a bloody mucus. The small intestines contained several ounces of a brownish-red slimy fluid, mingled with clotted blood. The colon throughout its entire length was morbidly contracted, so that its calibre was even one-third less than that of the small intestine. Many broad ecchymosed patches, from half an inch to an inch in length, were observed on its inner surface. The pharynx and œsophagus were slightly inflamed. The convex surface of the liver adhered throughout to the diaphragm, and the blood flowing from incisions in this organ and in the spleen was thick and of a very dark colour. In the gall-bladder was a pale-yellow gall-stone of the size of a hazel-nut; the gall itself pale-yellow and watery. In the uterus were many little clots of coagulated blood, the blood-vessels of the ovaries turgid, the external and internal parts of generation in the virginal state. The lungs and brain were congested with thick black blood.

Dr. WACH observes that the adhesions between the liver and diaphragm, the gall-stone, the morbid condition of the gall, and the contracted state of the large intestine, in all probability existed at the time the poison was taken, and that the appearances in the uterus and ovaries might be dependent on the menstrual discharge; but, he adds, all the other morbid changes, including the perforation of the stomach, were certainly occasioned by the irritant action of the poison.—*Medico-Chirurg. Review*, Jan. 1837.

EPIDEMICS—INFLUENZA.

58. *Influenza*.—Our readers have, of course, learned through the newspapers of the prevalence in Great Britain and France during the past winter, of an Influenza, though we believe that no account from professional sources has as yet been published in this country. This epidemic commenced in London about the 1st of January, and prevailed during the whole of that and the greater part of the succeeding month. A very large proportion of the population were attacked by it, and the mortality was considerable. As in all probability it will reach this country, we have carefully gleaned from our Journals every thing in relation to it of interest which they contain, in order to satisfy the curiosity which we are sure our readers must feel for information on the subject.

59. *Debate in the London Medical Society relative to the Influenza*. January 30, 1837.—Dr. CLUTTERBUCK this evening presented to the Society a paper on the present epidemic. After speaking of the great interest attaching to the subject, the author remarked that epidemics of this kind had been known for about 300 years, and that there had probably been many before, not recorded, though it was likely that their history would be of little benefit as affording precedents for the treatment of the present general catarrh, since all epidemics were more or less modified by circumstances. In the present epidemic the great outline of symptoms was strikingly similar in the generality of cases, though variations existed in particular instances. It generally commenced with a chill, followed by rigors, then heat and dryness of the skin, sneezing, lachrymation, and pains in the head, back, and limbs, with a frequent and small pulse, white tongue, and watchfulness. It bore in many particulars a strong likeness to the measles, and the author had occasionally expected to see the eruption of that disease in cases which occurred in children, but of course he did not detect it. In some patients there was sore throat; in more severe ones, vomiting and delirium; and in one case he had seen actual phrenitis. The symptoms, however, were, generally, slight and trivial, like those of common catarrh, generally lasting ten or twelve days. If the bed was kept for a couple of days a perspiration broke out, and the case went on well. The nature of the disease, he should say, was specific, arising from a specific cause,—using the word *specific* to distinguish it from common disease—taking on all the characters of ordinary catarrh, with the addition of cerebral disease. We were ignorant of the cause of the disease, but it was evidently, directly or indirectly, connected with atmospheric changes; but whether resulting from a phy-

sical change in the atmosphere itself, or from the air becoming the vehicle of some noxious matter, was a mystery. All means of prevention were, therefore, unavailable. In the *treatment*, its specific nature must not be forgotten. It *would* run its course. The object, therefore, was simply to palliate, not to aim at a cure. In the majority of cases little or no medical treatment was required, but where the fever ran high, or the pain in the head was intense, or respiration was difficult, or pain in the chest was severe, with harassing cough, a high degree of arterial excitement was denoted, requiring antiphlogistic treatment, and blood-letting, as the most effectual means, was to be resorted to. This should be employed as early as possible. Eight or ten ounces taken away during the excitement considerably mitigated all the symptoms; the pulse became slower, the skin moist, and, if the lungs were affected, that sub-acute inflammatory state which engendered phthisis was prevented. If, at a later period of the attack, inflammatory symptoms again appeared, bleeding was again to be employed, though not to the same extent as at first. Regarding the strength and age of the patient, the author did not consider that either infancy or old age opposed decided objections to bleeding, where the symptoms appeared to require it; but in those two conditions it was necessary to resort to the depletion early. He did not place much reliance on the other means which had been recommended, such as tartar emetic, mercury, or camphor. Indeed, he had seen a case in which the disease attacked a person affected with ptyalism, without mitigation of the severity of the epidemic. Blistering, after the venesection, was occasionally useful. Opium must be used with the greatest caution. In old catarrh little good could be done. True, stimulants might be employed, but to stimulate was not to strengthen. The blood, in all cases, presented the usual inflammatory characters.

Mr. DENDY observed, that, according to his experience, blood-letting, in old persons and children, did harm. The greatest cause of fatality was the quantity of mucus collected in the air-passages, producing suffocation. In one or two instances which he had seen, where every symptom of arachnitis existed, he had only depleted with a few leeches, or a single cupping glass, yet even the abstraction of three or four ounces of blood thus was not borne well. He considered that the chief object was to check the excessive secretion in the air passages. On what did that excessive secretion depend, and what was the best remedy for it? He had tried, at the expiration of two or three days, and after the use of purgatives and diluents, two or three grains of quinine, given three or four times daily, and though not so successful as he expected it would be, it, nevertheless, in some instances, did good.

Mr. MERYON had found hot-air baths, at the commencement of the attack, useful in two or three cases. He had noticed that all his patients complained of an irritable tingling about the nares, or the eyelids, during the last days of the disease. Ipecacuanha was the most useful medicine in bringing up the mucus. He had had a remarkable case of a gentleman whose body was affected with influenza only on one side. Half his tongue was furred, and he had neuralgic pain on one side of his face and body only.

Mr. PROCTER had suffered severely from the disease, which, in his opinion, was not inflammatory. He experienced such decided rigors at the commencement, with such a languor of the circulation in the extremities, that even hot flannels did not impart warmth to them. Perspiration followed this symptom, and spontaneously. He had also had shifting pains in some parts of the muscular system, with excessive pain about the frontal and other sinuses, much aggravated on coughing, with neuralgic pains of the face on the right side. The disease in him was intermittent, leaving him in the day, during the hurry and fatigue of business, and returning at night, and lasting until two or three o'clock in the morning. He found that various pains about the chest and throat gave way before the counter-irritation of a mustard plaister. He subsequently went into a state bordering on the typhus mitior. He took four grains of quinine three times a-day, and was quite well in a day or two. He had never bled in any case, from fear of the subsequent debility.

Dr. CLUTTERBUCK considered that this was a mistaken fear. The typhoid state alluded to would be prevented by judicious venesection.

Mr. HOWELL had bled young and robust patients; and he thought that the disease was thus mitigated and shortened. Where he did not bleed, tartar emetic

and sulphate of magnesia he had found extremely useful. The cough was always much relieved by purgation. He thought that blistering was useful. Instances of sudden death had occurred in this disease, such as he had noticed in no other. Patients who appeared to be going on well in the morning, sank and died without any evident additional cause in the evening.

Mr. BRYANT had been afraid of employing active depletory measures, from observing the remarkable depression of power in all cases of this affection. He did not mean to say that he had not seen a single case in which blood-letting might not have been employed with safety, but he should say, that in the generality of instances it could not be resorted to without danger. The persons whom he had seen to perish were old, and previously affected with asthma, or some other chronic affection of the lungs. He had known patients to die in the manner mentioned by Mr. Howell, but they were either children or old persons. After death the bronchial tubes were found completely filled with mucus. He feared that the recommendation of blood-letting, by Dr. Clutterbuck, would produce mischief, by causing bleeding to be resorted to too indiscriminately.

Dr. CLUTTERBUCK said, that he had not grounded his opinion on two, or even on twenty cases. Blood-letting, when employed with sufficient caution, was as safe as it was useful, and was not to be put aside by mere negative evidence. It should not be employed indiscriminately, or it would, indeed, do harm. The objection to blood-letting arose from the want of observing a distinction between cases. Of course, he would not bleed in the chronic bronchitis of old people, in which the mucous membrane was thickened, and interfered with the respiration.

Mr. DENDY considered that no doubt existed that many cases might occur in which venesection would be beneficial. He had only employed it for one patient, a young lady, in whom pleuritis had supervened on the influenza, and in that case he felt no hesitation in taking twelve ounces of blood, and she recovered as quickly as other patients. He had witnessed the post-mortem examination of a woman who had died suddenly, as in Mr. Howell's cases, in whom there was a dark crimson hue of the fauces, with inflammation and points of ulceration in the trachea, down to the bifurcation of the bronchi. "The lungs were drowned in mucus." He had not yet lost a case, though he feared that he should lose two, one an old person, and one a child. These cases had set in since Friday week, on which day the epidemic had assumed, he thought, a worse character.

Mr. BRYANT said, that the great majority of cases witnessed by him, occurred among eight hundred paupers, who laboured under mental depression, from their condition. This would effect the character of the disease. In the greater number of cases he did not hesitate to say that depletory means could not be safely resorted to. Two fatal cases had occurred in his private practice, but neither of them exhibited a symptom requiring the use of the lancet.

February 6th, 1837. The debate of the evening was resumed.

Mr. HEADLAND thought it would be well for the members of the Society to state their experience with regard to the treatment to be pursued in the present epidemic, particularly as Dr. Clutterbuck had seen so many cases requiring the lancet, while on the other hand gentlemen of very extensive practice had not met with a case requiring its use. On reflecting on all the cases which he had seen or heard of, he believed that most of the fatal cases had occurred in patients who had either lost blood, were blistered, or subjected to active depletory treatment, such as large doses of calomel and tartarized antimony; and that few had died when these agents had not been resorted to. He alluded to blisters, more particularly with regard to children, as he had seen two cases in which mortification had come on after their application for the present disease. The plan he had pursued with the greatest success was the application of mustard poultices to the more urgently affected parts, keeping the patients in a warm atmosphere, attention to the bowels, and the after use of hyoscyamus.

Mr. JONES considered that the great difference of opinion respecting the affection might be accounted for easily. In this epidemic, as in typhus, cases occurred in which some particular organ became inflamed and required blood-letting; the difference was as to the number of such cases. Dr. Clutterbuck had seen many, other practitioners few, or none. The majority of cases, however, were undoubtedly slight.

Dr. BUREAUD RIOFREY could hardly think the disease so slight, the great in-

crease of deaths in London he thought proved the contrary. He had only bled in one case, in which there was evident phrenitis; he had taken blood in two successive days, and the patient did well, with the after use of diluents. In five cases of asthma, coming on with the influenza, digitalis he had found of great service. There was no general plan of treatment to be laid down, as the cases varied so much. He inquired the experience of members in the pathology of the affection.

Mr. PROCTOR considered the affection rather as a disturbance of the nervous than the sanguineous circulation. He had seen no case in which there was any thing like phrenitis; there had been, in some instances, great irritation of the lungs, such as is observed in measles, but not such as required the lancet. He had depended chiefly on tartar emetic and ipecacuanha in small doses, for keeping up that perspiration which appeared the natural outlet to the disease. He considered that if patients generally got well without "blood-letting," such fact was positive, and not "negative, evidence" against the lancet.

Dr. STEWART considered opinions did not vary more than did cases. In this epidemic he had seen few cases in which venesection would be borne. He had, in some cases in which pleuritis had come on after the state of asphyxia, employed a few leeches with advantage, but he had gone no further with depleting measures. The first symptoms of the disease had been well compared to the measles; he considered the secondary ones partook very much of the character of whooping-cough. As a general rule he considered active treatment was not necessary, but rather an attentive watching of the case.

Mr. KINGDON had not seen the affection to the extent some of the members had done. He considered, so far as his experience went, that it could scarcely be spoken of as a disease at all; but as some atmospheric influence, materially depressing the powers of life, and bringing into action those maladies which individuals had a tendency to suffer, accompanied, in all cases, with fever and catarrh. Generally, from the depressing nature of the affection, blood-letting was not required, but in some cases it would be found necessary to employ it to a small extent. Dr. Clutterbuck advocated the cautious abstraction of small quantities of blood only in severe cases in their early, excited stage, and no doubt he had found such treatment beneficial.

Mr. CLIFTON said, that so far as his experience went, the present epidemic did not bear bleeding well. The discrepancy of opinion regarding treatment, most likely resulted from the difference in cases. Dr. Clutterbuck was likely to meet with severer cases than the general practitioner, and this might, in some degree, account for the active treatment he had employed. In the epidemic of 1833 he (Mr. C.) had taken blood in only two cases, and these were longer in recovering than others. He had not found it necessary, in the present instance, to bleed in any case. He was inclined to think the disease might vary in different localities; in his district (Islington) the disease assumed a milder aspect than in situations near the water side. In the general plan of treatment he had ordered resort to bed for 48 hours, with small doses of antimonial medicines, diluents, and attention to the bowels. After proceeding with this during that space, a slightly-sustaining plan he had found useful; the cough did not contraindicate such treatment; he had found it with characters more resembling spasmodic asthma than ordinary catarrh. He had been careful of checking the cough with opiates, as he considered it rather useful than otherwise. The pains in the head, which were chiefly confined to the frontal sinuses, he had found give way before the simple fomentations of warm water. In some cases, of course, inflammation might supervene on some of these symptoms, and require depletion; he had not, however, in any case he had treated, found such to be the fact.

Mr. BRYANT had examined only five fatal cases. In all their minute divisions, the bronchial tubes were full of a viscid secretion. In cutting into the tubes, the mucous membrane was found thicker and higher coloured than usual. There was emphysema of the lungs, and in one or two cases solidification. He could well suppose that cases might occur in which depletion might be necessary, but he had not seen such. He had seen in many cases, where the lungs were overlaboured, the administration of calomel with ipecacuanha very beneficial, regulating their continuance by cautiously watching their effects.

Mr. MOORE had adopted the plan of treatment recommended by Sydenham, and

* Dr. James Johnson states that he has seen phrenitis attendant upon the epidemic.—Ed.

pursued in the epidemic which prevailed in his time. He, (Mr. M.), had treated it as a remittent fever with catarrh. In simple cases, the use of sudorifics and tonics he had found successful; but where the lungs in aged persons had been previously affected, or were clogged with mucus, calomel combined with elaterium he had found of great service. The most violent case he had seen was that of a lady 65 years of age; in that case her physician had given her five grains of calomel, with half a grain of elaterium; she was in a dreadful state, her lips were blue, her countenance injected and suffused, and her pulse intermitting, as though she was dying. Next day she evacuated about half a gallon of watery fæces, and soon recovered. He, (Mr. M.), considered that the affection might generally be treated as remittent fever; the tonic plan might be resorted to early. He had found quinine the best tonic. He had seen no fatal cases except those which were complicated with diseased heart.

Mr. HEADLAND had blamed large doses of calomel and antimony. He did not say that medical aid was of no good, but that, in very numerous instances, persons had recovered without any assistance from medicine. He was glad to find that the general opinion of the Society was in favour of the affection not being of an ordinary inflammatory kind, and that bleeding in general was neither safe nor called for. He did not conceive the mortality had been so great as did Dr. Bureaud, considering the immense population of London.

Dr. WHITING, in the first place, referred to the prevailing opinion, that the epidemic depended altogether on atmospheric influence. He would not deny that it might have originated from such cause, but it was not kept up by it. It did not occur in different places at the same time, but had a progressive character; for instance, it appeared and was very prevalent in the Borough of Southwark, some days before it had reached Kensington, and when most prevalent in the latter place, had entirely ceased in the former. It spread from place to place, and, like other epidemics, he considered that when once established, it was spread universally by contagion. The disease was essentially of an inflammatory character. It was a fever accompanied with inflammation, generally in the mucous tissues, but he had occasionally seen it affect the serous tissues. The inflammation, however, was not of the common character, but one *sui generis*, and requiring a particular kind of treatment. It was a disease which would run its course, and could only be palliated, not cured, by art. He should say, speaking generally, and from his own experience, that it was a mild disease. The mortality which had taken place, appeared to be dependent upon two causes, First, a congested state of the membranes of the bronchial tubes, or air cells, obstructing the circulation. The second consisted in the obstruction to respiration produced by the excessive secretion of mucus. He had not seen death result from other causes; and in no instance from "simple debility." In some cases he had found blood-letting absolutely necessary and successful in the congestive state; it was, therefore, when cautiously employed, in some cases of great benefit. He had bled in six cases and none had died. Auscultation was valuable as a means of forming a prognosis in the affection; he had found, when one lung was affected, the patient likely to recover, but when both were involved he generally perished.

Mr. CLIFTON could not agree that the disease was contagious; he had seen whole families simultaneously affected, if any member escaped at first, he generally escaped altogether.—*Lancet*, Feb. 18, 1837.

60. *Notice of the Influenza of January and February, 1837.*—The following summary drawn up by Dr. John Clendinning, of what was observed in the practice of the St. Marylebone Infirmary, with regard to this epidemic, appeared in the *London Medical Gazette* of the 18th of February last.

"*Progress of the epidemic.*—The first cases of influenza admitted into the Infirmary, and noted in the official journal, occurred January 2nd.

Cases admitted in week ending 6th January	- - - - -	16
Ditto, ditto, 13th	- - - - -	64
Ditto, ditto, 20th	- - - - -	66
Ditto, ditto, 27th	- - - - -	46
Ditto, ditto, 3d February	- - - - -	32
Ditto, ditto, 10th, about	- - - - -	20
		Total, 244

"By a statement with which I have been favoured by my friend, Dr. Boyd, of

the St. Marylebone Infirmary, it appears that between Monday, January 9, and Saturday, February 4, 414 cases of influenza were admitted on the out-patient home-list, viz:—Week ending 14th January

	161
Ditto, 21st	139
Ditto, 28th	84
Ditto, 4th February	34

"And the workhouse practice and morning out-patients' practice advanced numerically, and receded apparently along with the Infirmary and home practices. So that the epidemic would appear to have begun with January, and declined in about the usual period of 5 to 6 weeks.

"*Symptoms.*—Of course, amongst such a number, various combinations of symptoms must have happened. Confining my remarks to those that were admitted into the Infirmary, of whom only I had personal cognisance, I should say that the cases varied principally according as they were simple or complicated,—the former being tolerably uniform in their symptoms, the latter various as the complicating diseases. Of the former the symptoms are familiar, and require no detailed description from me, viz. at first chilliness, lassitude, and depression or anxiety, followed in some hours by more or less of heat, gravedo, head-ache, coryza, pain of back and limbs, soreness, sometimes extreme, of the chest and throat, with cough, smart fever, often coated tongue, nausea, and vomiting; sometimes gastro-enteric irritation, with diarrhoea; occasionally transient delirium; generally wandering pains of trunk, especially about the sides. Such were the principal symptoms of the uncomplicated cases for twenty-four, thirty-six, or forty-eight hours after admission; after which expectoration became easier, the skin softer and moister, and cough and headache less troublesome, when the fever gave way, so that in three or four days nothing but weakness, with a tiresome cough, remained in a majority of instances,—a weakness, however, greatly disproportionate to the duration or danger of the disease. Two-fifths of the cases noted as influenza by the house-surgeon were of the kind just glanced at; the remaining three-fifths were complicated as follows: viz. with

Pleuropneumonia	36
Bronchitis, mostly chronic, and combined with Emphysema Pulm. and Morb. Cord.	52
Phthisis	25
Pleuritis	5
Fever, in several instances Typhoid	25
Rheumatism, Chron.	2
Morb. Chron. Ventriculi	3
Croup	3
Ptyalism	1
Encephalitis	1
Morb. Chron. Cord.	3
Pericarditis	1

"Of course the symptoms must have varied much in the second class, or complicated cases. In numerous instances the complicating diseases were at first so masked by the influenza, as not to be easily recognisable. Without the aid of the pleximeter or finger and ear-tube, indeed, it appeared to me nearly impossible in several cases to arrive at a safe or satisfactory diagnosis, more especially in persons advanced in life. The irregularity observed in the course of the functional signs did not in any material degree of course extend to the physical signs; so that pneumonia, phthisis, disease of the heart, and hypertrophy of the ramifications of the bronchus (or emphysema pulm., c. catarrh. chron.,) which were the most frequent and formidable complications, were generally as easily identified as usual. In every case the influenza, if distinguished at all, was readily detected, whatever its complications, if attended to within the first day or two; after that period it often, in bad cases, became absorbed in the effects of the graver complicating disease.

"*Mortality.*—The mortality with us, as elsewhere, amongst populations embracing indifferently individuals of all ages, sound and unsound, was very considerable during the period so often specified above. I do not know that any simple case was lost from influenza unaided by previous disease or subsequent complication; but so large a portion of the subjects of our influenza had previously

tuberculated lungs, diseased bronchial ramifications or hypertrophy of the heart, and the instances in which pleuropneumonia was excited were so numerous, that	
We lost in the six weeks, from 31st December, altogether	118
Cases, to which must be added, deaths in the infirm wards of the work-house, same period	21
In the out-door practice also there were some deaths (exclusive of the mortality of the cases transferred to the Infirmary), amounting in the same period to	40
Giving a grand total mortality of	179

Table of Ages of all Cases admitted into the Wards of the Infirmary, between Dec. 30th, 1836, and Feb. 10th, 1837.

Ages of all cases.	Admissions.		Deaths of the admitted.		Influenza Cases: both sexes.
	Male.	Female.	Male.	Female.	
Under 12 months . .	5	4	1	2	5
1 to 5 years	15	5	—	—	3
5 — 10	17	24	—	1	15
10 — 20	40	33	3	2	35
20 — 30	21	40	3	5	28
30 — 40	34	26	11	4	33
40 — 50	27	27	10	7	26
50 — 60	36	25	14	8	41
60 — 70	22	30	6	10	35
70 and upwards . .	21	11	9	2	26

Remarks on the Table of Ages. From the preceding table it would appear that aged persons have enjoyed no such immunities during the late epidemic as they have been found, or, for want of counting, perhaps, supposed to do in former epidemics. More than half of the cases were above 40, while a fourth part nearly were above 60. But the table represents the case too favourably for the other extreme of life, owing to the nursery and school children having usually not been so severely affected as to require hospital treatment. Another generally received opinion, however, is confirmed by our experience, viz. the potency of pectoral disease as a predisposing cause; this appears strikingly from the table of complications. For though the complicated cases were received into the Infirmary in much larger proportion, of course, than the simple cases, yet the number of the former is too considerable to be overlooked, or attributed to universality of diffusion of the epidemic causes, rather than to peculiar susceptibility in the subjects.

"I have added the deaths of all diseases, but none for influenza separately, for the obvious reason that influenza proper produced no deaths.

"Amongst the causes I have seen no reason to reckon contagion; perhaps I have not looked sufficiently, or inquired for it. Like all other epidemic diseases, the present, whether contagious or not, certainly commenced at first without contagion, and has probably, as I think, been exclusively reproduced and continued by recurrences of one or more of its first causes: what those first and essential causes are, I think with Pringle (*Med. Obs. Inq.* vol. vi.) is still a problem for solution.

Morbid Appearances.—During the epidemic numerous opportunities presented themselves of investigating its anatomical characters; and in every instance I found that the fatal result might be attributed to previous disease, or to organic deterioration from lapse of years. The youngest was a female, 8 years old, who sank under double pneumonia supervening on tuberculation. There were a male and a female between 20 and 30; a male and a female between 30 and 40; a male and two females between 40 and 50; between 50 and 60 there were five males and two females; and between 60 and 70, six males and one female.

"The complicating diseases were—

Chronic disease, with enlargement of the heart and bronchial ramifications,	
without acute pulmonic disease	9
Chronic disease of the heart and bronchia, with recent pleuro-pneumonia	6

Chronic disease of the heart, with phthisis (1), or recent pericarditis (1)	2
Pneumonia and pericarditis - - - - -	1
Phthisis with pneumonia - - - - -	1
Pneumonia - - - - -	1
Pneumonia with suppuration of kidneys - - - - -	1
Pneumonia, morb. corb., and arachnitis - - - - -	1

I observed nothing constant in the post-mortem appearances but extreme injection of the trachea and all its branches, and in several cases thickening of the mucous lining of the passages. But those are nothing more than are, according to my observation, to be met with in a greater or less degree in almost every case of asthma, chronic catarrh, and old disease of the heart. It may be thought singular that disease of the heart should have occurred so often, much oftener than phthisis, being eighteen times out of twenty-two; and I should probably, some twelvemonths or more since, have been struck myself by such a statement. But it is undoubtedly true, that disease of the heart frequently escapes the observer who trusts to his eye as a means of admeasurement. When, as often happens, there is no pericarditis, nor any valvular disease, and when hypertrophy, if existing, is distributed pretty equally over the organ, there is a great chance of its escaping notice, unless very considerable; more especially if the inspector have defective information respecting the health of the deceased. To guard against error from that quarter, I have for some time weighed every subject inspected on account of disease of the heart, entire in the first instance, and then after a careful examination of the pectoral viscera, weighed the heart separately, after washing, and in this way have satisfied myself that amongst the labouring classes at least, hypertrophy of that organ is a still more common and fatal disorder than many or most physicians believe.

Treatment.—Regarding the simple influenza cases I have little to say. With warmth, water gruel for food, and repose in bed for a couple of days, they were usually convalescent, or about to be so, whatever might be the medication employed, provided only that medication were not energetic. “*Res fuit herclé diætæ potius accuratæ ac debiti regiminis plerumque, quam medicinæ elaboratæ,*” (Huxham de ære, &c.) like its predecessor of 1743: occasionally, however, like the epidemic just referred to, “*multo plus curæ atque diligentiae poposcit.*” In a great majority of cases, nearly all indeed, it was thought advisable to blister the chest, which usually gave to the bronchial irritation the relief desired. In some also leeching or cupping was cautiously employed; where the pain under the sternum was urgent, or pneumonia or pleurisy was apprehended, or where gastro-enteritic irritation was well marked. The ordinary internal medicine was antimonial mixture (gr. $\frac{1}{4}$ to $\frac{3}{4}$ ss.) with 2 or 3 drops of laudanum 4tis horis, which was generally found to answer well; but in several cases, probably 20, half a grain or a grain was prescribed with benefit. Purges were often called for by constipation at the commencement, and were at all times used without hesitation, according to circumstances. As soon as fever abated, animal food, beginning with broth, if not previously in use, was employed, with porter, wine, or other cordial, according to circumstances. In 15 or 20 cases saburra and oppression were treated at first with emetic doses of antimony; and frequently the ordinary antimonial mixture operating on an irritable stomach, caused vomiting, which was found to be of service ultimately, however inconvenient in some cases at the moment. I do not know that bleeding was ever employed in uncomplicated influenza, but pneumonia or other visceral inflammations originating in influenza were encountered as usual. Into the treatment of the complicated cases it is unnecessary for me to enter, partly on account of the tediousness of a detail of so many various plans, but principally because influenza, not the diseases with which it was incidentally associated, is the subject of this communication. Suffice it in a general way to say that such cases were treated variously of necessity, but always with a double regard to the graver as well as to the transient and minor disease. Pneumonia and pleurisy were the complications that most frequently compelled us to deviate from our general method, and those were encountered by bleeding, both general and local, especially the latter, blistering, antimonials, and when less tractable on account of disease of the heart, age, &c. by mercury likewise, with or without opium.

61. *Note on the Influenza.* By RODERICK MACLEOD.—I presume that the cases I

have seen, taken altogether, have been of more than the average degree of severity, first, because they have been treated partly in St. George's Hospital, where the slighter cases were not admitted; and secondly, because a certain proportion of the others have been patients, to whom I have been called by general practitioners, who have done me the favour to ask for my assistance. Now, setting aside the mere catarrhal affections of a few days' duration, the great mass of the others which I have seen has been made up of unequivocal examples of inflammation of the air tubes. This has principally been developed in the minuter branches, but not unfrequently has extended into the trachea, and sometimes even to the larynx. The inflammation, however, has not been limited to the parts just mentioned, but in a certain number of cases has affected other mucous membranes in addition to the simultaneous participation of the air passages. Thus, taking 40 of the more severe cases, I find that 3 had well-marked symptoms of laryngitis; 3 had pleurisy; 4 had otitis, which in three terminated in purulent discharge of several days' duration; 1 had inflammation of the conjunctiva in both eyes; 4 have had inflammation of the posterior fauces; 2 have had swelling and inflammation of the parotid and submaxillary glands on the subsidence of the pulmonary affection; and in 3 erysipelas has followed on the subsidence of the primary attack. As in all the above there was a pulmonary affection, the result is, that 25 had bronchitis of different degrees of severity, and 15, in addition to this, had simultaneous inflammation of some other and for the most part analogous texture; while 5 had other forms of inflammation as sequelæ of the original attack. Of the entire number here referred to, 5 have died, 3 of whom, however, I saw only at a very advanced period of the disease, and therefore cannot speak of its early stage; 1 was a case in which erysipelas supervened upon laryngitis, and scarcely, I think, to be called a fatal case of "influenza;" the other 4 were cases of bronchitis, attacking persons who had been previously subject to pulmonary affections, and in whom the disease ended in suffocating effusion into the air tubes.

The general symptoms were, at the onset, chilliness, (in one amounting to violent rigor), severe headache, great lassitude and depression, cough, with hurried respiration and feeling of distress, referred to the chest generally, with much pain, (as if the parts had been bruised,) extending along the diaphragmatic margin of the ribs, aggravated by coughing or deep inspiration. The cough was at first dry, but after a few days became loose, in favourable cases, and afterwards accompanied by free mucous expectoration. The crepito-mucous râle was for the most part pretty general in both lungs, and a graver ronchus in the larger tubes; while, in not a few cases, a kind of tremor or vibration was felt, by merely laying the hand flat upon the chest, over the situations of the larger bronchi. The pulse was in general considerably increased in frequency, but (unless in the cases in which pleurisy was combined) was soft and compressible. There was heat of skin, but this diminished as the disease advanced, even in those cases which were running an unfavourable course.

In some of the published opinions of this epidemic, it has been argued that it was not essentially of inflammatory nature, because the patients did not bear bleeding well; but this I apprehend to be very frequently the case in bronchitis, as it also is occasionally in other inflammations—such as various forms of erysipelas. The disease in the present instance, as in bronchitis generally, has been by far most severe on those advanced in life, and it is familiar to all, that in them inflammation of the passages very rarely assumes the plastic form which it presents in early life. The principal source of danger, if I may so express myself, consists not so much in the activity of the inflammation as in one of its effects—namely, the increased secretion into the minute bronchi, by which the air is prevented from coming into contact with the pulmonary vesicles, so that the arterialization of the blood is arrested. Many of the patients whom I have seen, had more or less of a leaden tint, and all the four who died were deeply tinged—one of them as blue as I ever saw in cholera.

Of the four fatal cases alluded to, I had only an opportunity of examining two. The disease in one had lasted ten days, in the other a fortnight; in both the appearances were the same—namely, dark vascular redness of the mucous membranes, extending from the larynx to the minutest ramifications of the bronchi

which could be traced. The smaller air tubes seemed to be literally soaked with fluid, while the larger were smeared over with viscid mucus, as adhesive as bird-lime. The lungs gorged with blood. In one, old adhesions of the pleura; but in neither any evidence of recent pleuritic inflammation.

The general treatment consisted in confining the patient to bed, exhibiting a draught containing 3ij. of liq. acet. ammoniæ, every four or six hours, acting gently on the bowels, and promoting expectoration by means of oxymel of squill and ipecacuanha. In the great majority of cases perspiration came on within the first two days, after which the symptoms gradually, though but slowly, abated.

If the disease assumed a more inflammatory character, that is, if there was more than the average degree of fever, with hard, dry cough, calomel, with James's powder, or tartarized antimony, was prescribed, which, in the more acute cases, was pushed to the extent of twelve grains of calomel, and two of tartar emetic, in twenty-four hours. In such cases blisters were also applied to the chest. If, on the other hand, the inflammatory symptoms were less marked, or had been subdued, the expectorants were strengthened by the addition of spirit. ætheris nitrici, and compound tincture of camphor. Where the debility was great, a draught, containing f. ʒij. spirit. ætheris sulphurici, with m.ʒj. of dilute sulphuric acid, sweetened with some syrup, was of service, and was afterwards followed up by some bitter tonic, particularly cinchona, as soon as the pulmonary symptoms were subdued.

Where there was much oppression of the lungs early, and before effusion had taken place into the air-passages, leeches to the sternum, followed by blistering, were efficacious. When the larynx and trachea were implicated, too, leeches were applied; but, guided by former experience, I abstained from general blood-letting in all the cases, except those in which the pleura was implicated; but even here the venesection was not well borne, producing a greater degree of subsequent debility than we are accustomed to witness from similar depletions; and in one of those, where the patient required to be bled three times to twelve ounces, although the pleuritic symptoms were thus overcome, he was seized two days after with erysipelas of the scrotum, and thighs adjacent, which speedily produced partial sloughing, and required the exhibition of bark and wine.

So, too, with regard to the affection of the throat; this has rather shown a flabby and relaxed condition of the membrane than acute inflammation. It has usually been attended with great pain in the deglutition of the saliva, while a mouthful of food could be swallowed without the same difficulty. Most relief was afforded in such cases by stimulating and astringent gargles.

In the cases where otitis took place, although the bronchial inflammation had not subsided when the former came on, yet it was no more complained of, and had disappeared when the discharge from the ear was established. Nearly the same thing was observed with respect to the inflammation of the glands about the jaw—that is, by the time they were considerably swollen, the breathing was entirely relieved.—*London Med. Gaz.*, Feb. 18, 1837.

62. *Remarks on the Influenza of 1837.* The cases of the Epidemic may be divided into three classes, according to the aspect of the symptoms.

1. Those cases, chiefly occurring in young persons, having the features simply of mild catarrh.

2. Those assuming more the aspect of rheumatic fever, to which catarrhal symptoms are attached only in a trifling degree, occurring also chiefly in the young and middle aged.

3. That severe form, prevailing most amongst the old, and more especially those who have the chronic bronchial affection so common to elderly persons.

In the first form there is generally chilliness or rigors, succeeded by heat; pain, often severe, in the frontal sinuses and nostrils, with feeling of suffocation from swelling of the membrane lining the back part of nostrils—often with bleeding from that part. Troublesome cough, from irritation referred to the lower part of trachea; especially teasing during the night; not relieved in the usual way by expectoration. The pulse weak, not much quickened; tongue slightly furred, and generally moist.

Treatment.—By confinement to bed, or to a room of equal temperature, these

cases soon pass over. Recovery seems to be chiefly retarded by the depression so marked in this disease, together with the persisting dry cough.

Saline and mucilaginous medicines, as mucil. tragac., or acaciæ, mist. amygd., or oxymel, with small doses of antimony and nitrate of potass. The night cough much relieved by ten grains of pulv. ipecac. comp. at bed-time, in mucilage, with spt. æth. nitr. 3ss., or made into pills with mucilage; by which a quiet night's rest is procured with great relief. The bronchial irritation may be much mitigated by mustard poultices applied (from half an hour to two hours) to the upper part of chest. Secretion may be promoted by the following pill every four or six hours: *Rx.* Ext. Conii. Pil. Scillæ C. aa. gr. ii.; Pulv. Ipecac. gr. i.

Diet, arrow-root, gruel, whey, beef tea; with meat early in the convalescence.

In the second form the early symptoms are the same as in the first, but more severe: there is headache, much pain in the aponeuroses of loins, scapulæ, and limbs, often round the margin of chest, apparently in the tendinous structures external to the chest, sometimes extending over one side and suddenly shifting to the other; the pulse quick, and generally small and weak; the tongue furred, white and moist, often dry and yellow; trifling cough, and uneasiness in the air passages; the cerebral symptoms in some cases severe, often amounting to delirium. There is generally much depression; often syncope. The urine is small in quantity, and loaded with lithate of ammonia.

Treatment.—Saline aperients, with calomel and antimony at night. Leeches to the forehead in many cases, and to the chest, followed by blisters, when the pains about the chest are severe. Bleeding does not seem more effectual in giving relief than leeches, and is not well borne. Vinum colchici, in half-drachm doses, relieves the pains in the head and limbs; 10 grs. of Dover's powder, with nitre, at bed-time, is very useful in allaying pain and procuring rest. Where the tongue is much furred, great relief is obtained by purging the liver with calomel, followed by warm aperients, as rhubarb, magnesia, and dec. aloes, or rhubarb and tartrate of potass, or sulph. and carb. magnesiæ, with tr. card. co. As soon as the febrile symptoms have subsided, and the tongue gets clean, quinine is the best tonic. The diet should be as nourishing as the stomach and system will bear.

In both these forms the depression of strength and spirits is very remarkable—quite out of proportion to the other symptoms.

In the third form the chief danger is from the large quantity of tenacious mucus secreted by the bronchial surface; the depression of strength causing great difficulty in its expectoration. The attack frequently appears but as an aggravation of symptoms previously existing, but whose features it rapidly changes. The strength sinks; the appetite fails; the circulation becomes languid; the strength is inadequate to expel the large quantity of bronchial secretion; the lips get blue, the intestines cold, and the patient soon sinks,—often in a few hours. In less severe cases, there is a lighter shade of these symptoms; the tongue is much furred—often brown and dry.

Treatment.—Much benefit is derived from blistering the chest, which should be done early in the case, so as to anticipate the severe symptoms. Squills, ipecacuanha, antimony in small doses (avoiding its depressing effects); and where antimony cannot be borne, the lobelia inflata (tincture) appear serviceable in clearing the bronchial tubes, in doses of 3ss. every six hours, with æther and ipecac. Where the tongue is much furred (as it is almost always), one or two doses of calomel, followed by hyd. c. creta, combined with rhubarb, or at night with Dover's powder. This form of opium appears to agree better than any other in this disease; perspiration is promoted and rest is procured, without that binding effect on the secretion which follows the other preparations of opium. Nourishment must be cautiously given from the first; such as beef-tea, jelly, yolk of egg, with warm milk, or whey; and where there is much prostration, with wine, or brandy. There is in many cases very troublesome vomiting; this is relieved by potass, soda, or ammoniæ carb.; effervescing with lemon juice. Warm milk, with soda-water added to it, is a pleasant beverage in these cases.

Amongst the young, one fatal case only occurred, in a publican of intemperate habits, and unhealthy condition.—*London Med. Gaz.* February 18, 1837.

63. *Influenza.*—The following observations on the epidemic are extracted from an editorial article in the *Lancet* of 4th February last. "So far as enquiry has ena-

bled us to form a judgment, the disease is produced by some infectious poison, gaseous or miasmatic, suspended in the atmosphere, favoured, perhaps, in its transmission from place to place by moisture, and promoted in its reception by the respiratory apparatus, by the moisture in the air, and by the action of cold debilitating the parts to which the poison is applied. It may be said that as this infectious principle must be applied to the whole respiratory tract, it ought at once to produce general bronchitis in the individual, as well as coryza; but to this it may be answered, either that those parts which are attacked are alone so constituted as to be capable of receiving the infection, or that the poison becomes modified as it passes on; at all events the action of some such poison, whether thus received, and thence transmitted to the whole system, or received by the whole tract, and then re-acting on those points chiefly which are affected, seems to cause the production of the disease. Thus the infectious principle of measles acts only on particular parts of the system, though it is received into the system in a similar manner. With reference to the first condition it might be worth inquiring how far the increased action set up in mucous surfaces when exposed to any irritating matter, protects, as has been supposed, the constitution against its introduction. This much we certainly know, that in many cases where these symptoms of local irritation ceased, or were imperfectly developed, the constitutional irritation became much more severe.

"The approach of the disease, in what may be called its regular form, has generally been indicated by trifling cough, however little noticed, more or less uneasiness, sometimes amounting to pain in the bones, or, rather, what has been described as a sensation of bruising in the osseous system, lassitude, and slight chills. On the succeeding morning, after a restless night, severe headache, commonly referred to the situation of the frontal sinus, was complained of; frequently, however, especially in one variety, seated in the occiput. The pains in the bones had now also greatly increased; they were sometimes described as lancinating, sometimes as gnawing, and often stated to be intolerable. Sneezing, and a watery discharge from the nostrils, with running from the eyes, followed in the course of the day, accompanied by cough, which was now severe, peculiar, and spasmodic. Towards evening on this day there was commonly great prostration, at times excessive, extreme oppression and difficulty of breathing, and, invariably, rigors, often most severe; it appeared, in fact, as if slighter chills experienced on the day preceding had marked the reception of the disease, evinced by the catarrhal symptoms on the following day, the rigors indicating full constitutional affection. After continuing in this aggravated form for a day or two, seldom more, unless the patient would not confine himself to his room, or bed, the disease began gradually to decline. While at its height, in many cases, sore throat, in several deafness, and dimness of sight, generally of but one eye or ear; in some, pain over the maxillary sinus, were complained of. Soreness of the sides, and tip of the tongue, frequently, and, occasionally, aphthæ were also noticed. In these cases the tongue was generally white, furred along the middle, or red, with the papillæ elevated; sometimes glazed and dry, and at other times dry, brown, and coated. There was often considerable thirst, more rarely nausea. The bowels, with very few exceptions, were more or less confined, and free from pain. The urine varied extremely, in quality and quantity, as before stated.

"The crisis was generally marked by a gentle perspiration, and, in those cases in which the urine had been scanty and high coloured, by a lateritious sediment and an increase of the quantity, all the other symptoms becoming ameliorated at the same time. Some additional complications with other states have been observed since our previous notice of the epidemic, one of these, indeed, namely, its occurrence in pregnant women, and production of miscarriage, we then omitted to mention. Of three cases where miscarriage has taken place, well-marked catarrhal symptoms had previously existed in two of them for three or four days, followed by pains in the loins, and rapid miscarriage; in fact, in both it occurred before medical assistance could be procured. In a third case, which was attributed also to a cold, miscarriage took place very early. In the fourth, notwithstanding the invasion of severe pains in the lumbar region, nausea, &c., early attention and treatment prevented a disastrous result. This case was followed by vesico-urinary catarrh, which, accompanied by scalding, was observed also in one of the first-mentioned cases. Two very severe cases, in which pneumonia supervened before medical aid was obtained, have occurred in the locality in the centre of

which we write. In one of these the side was completely dull, slight bronchial respiration and bronchophony only being audible during ordinary, and a very minute crepitus during forced, inspiration.

"We have little further to add respecting the treatment, except that in no case was bleeding found expedient. In fact, such is the *constitutio anni*, that in very few diseases does bleeding seem to be judicious, as a remedial means. Tartrate of antimony and potash have never once disappointed in the course of the epidemic, in any one of the forms it has assumed, whether complicated with erysipelas, arthritis, or bronchitis. Even in those cases where the pulse was very feeble, its employment was equally attended by advantageous results, and, far from creating depression, it acted partially as an excitant, by removing disease. The existence of bowel complaints, which were only present in three or four cases, alone contraindicates its use. In the suffocative catarrh of children, after the ineffectual trial, in one case, of the protochloride of mercury and ipecacuanha, given at first with aperients, and subsequently, when the expectoration had become profuse, and the powers of life had begun to fail, ammonia and blisters being employed with but temporary benefit, the cautious administration of tartrate of antimony was followed by complete success. In the pneumonic cases, the administration of the protochloride of mercury, in small and repeated doses, to the extent of 6, 8, and 10 grains a-day, with dry cupping over and below the scapula, was successfully employed. For the dysentery, turpentine fomentations, and the proto-chloride of mercury and muriate of morphia, have been equally useful. In the colic, aperients; in the spasmodic vomiting, draughts, composed of aromatic spirit of ammonia, rhubarb, magnesia, and liq. opii sedativ., with mustard cataplasm, removed the symptoms. Full doses of castor oil were, in some cases, serviceable aperients.

"In the pneumonic cases, hydriodate of potash appeared to complete the cure which the mercury had nearly accomplished; the hydriodate removing the soreness of the mouth, and diminishing the subsequent debility. At the commencement, and at the decline, of the attack, occasional hot baths were useful. It is proper to add, that in some cases, in which we understand bleeding had been employed, the results were far from being favourable. This was particularly the case, when, misled by the urgency of the symptoms, it had been employed at the onset of the attack. Valuable assistance was derived from the use of the wine of the seeds of colchicum in the arthritic varieties, and from the sulphate of quinine in the intermittent, and in those cases of bronchitis which were attended with profuse expectoration and feeble pulse. In many cases dry cupping, directed to roomy parts, was found most decidedly beneficial; and so influential in its operation as sometimes almost to produce syncope, the pulse falling, the livid lips becoming pale, and subsequently gaining some degree of redness. Blisters, in the latter stages of the attack, were also serviceable."

CHEMISTRY AND PHARMACY.

64. *Discovery of Sulphate of Quinine in the urine.*—PIORRY has remarked, that in 20 or 25 minutes after a person has taken sulphate of quinine, the urine tastes strongly bitter. He gave a quantity of urine of this kind to Vallée to analyze, who obtained from it sulphate of quinine in crystals (*Behrend's Report.*) Landerer, apothecary at Athens, obtained a similar result from the urine of a patient affected with intermittent fever, who had taken, in some paroxysms, 40 grains and even a drachm of muriate of quinine (*Buchner's Report.* 14, 1836.)—*British Annals of Medicine*, February 3, 1837.

65. *Crystals from the volatile tincture of Guaiacum.*—LANDERER observed, in a specimen preserved for 33 years, at the bottom of the vessel, a quantity of prismatic green crystals possessing an alkaline reaction, and, when mixed with lime, disengaging ammonia. The supernatant tincture contained but little ammonia. The crystals were therefore composed of the resin of guaiacum and ammonia.—*Ibid.* from *Buchner's Report.* vol. vi. p. 83.

66. *Method of preparing Aconitine.*—In another part of this Journal, (p. 223) we have noticed the success attendant upon the use of the aconitine in Neuralgia. Having been prevented experimenting with it ourselves, by the impossibility of procuring the article in our shops, we publish the following method of preparing